

5/1/2019

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**NP Jacksonville Industrial Park Association, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be. NP Jacksonville Industrial Park Association, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:4825 NW 41st Street, Suite 500Riverside, MO 64150

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: The Association is formed to: (a) provide for ownership,operation, maintenance and preservation of the common use areas, and improvements thereon; (b) perform the duties delegated to theAssociation in the Declaration of Covenants, Restrictions, Easements, Charges, Assessments and Liens for NP JacksonvilleIndustrial Park (the "Declaration"); and (c) engage in all activities related thereto.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By the Members
of the Association, as provided in the Declaration and Bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Nathaniel Hagedorn, President/DirectorAddress: 4825 NW 41st Street, Suite 500Riverside, MO 64150Name and Title: Caleb Moore, DirectorAddress: 4825 NW 41st Street, Suite 500Riverside, MO 64150Name and Title: Brett Grady, Treasurer/DirectorAddress: 4825 NW 41st Street, Suite 500Riverside, MO 64150Name and Title: Chad Meyers, Secretary/DirectorAddress: 4825 NW 41st Street, Suite 500Riverside, MO 64150

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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19 MAY -6 AM 10:42
ALLAMSEE, LOUISIANA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Nathaniel Hagedorn
Address: 4825 NW 41st Street, Suite 500
Riverside, MO 64150

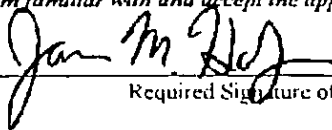
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

James M. Halpin
Assistant Secretary

5/1/2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.



Required Signature of Incorporator

4/30/19

Date

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